

DIVISION STREET HOUSING REHABILITATION PROGRAM

The Program

The City of Amsterdam is operating a housing rehabilitation program along Division Street in the City from Guy Street to Gardiner Street. The target area includes the properties highlighted in red on the map on the following page.

Program Description - This program is intended to improve homes in the target area, eliminate code violations, and improve energy efficiency. This program is funded through the U.S. Department of Housing and Urban Development under the Housing and Community Development Act, and administered by the New York State Office of Community Renewal. To qualify, the occupants of the home must be low income as indicated by the chart below. The program provides technical assistance in determining the repairs that need to be made to the property. A rehabilitation specialist will work with the property owner to determine the best way to improve a property and assist in hiring of contractors to do the work.

Owner Occupied Properties - The program will provide a grant of up to \$25,000 per dwelling unit to pay for the cost of the rehabilitation work, for homeowners who are within the income limits.

Rental Properties - The program will provide a grant of up to \$12,500 per dwelling unit (50% of the rehabilitation cost) for landlords whose tenants who are within the income limits. Landlords must agree to limit rent increases for a two year period.

Income Limits

Families whose income is under the following limits will qualify for the program.

<u>Family Size</u>	<u>Income Limit</u>	<u>Family Size</u>	<u>Income Limit</u>
1	35,550	5	54,850
2	40,650	6	58,950
3	45,700	7	63,000
4	50,800	8	67,050

Eligible Improvements - Below is a partial list of improvements that are eligible for financial and technical assistance through the program:

Electrical Work

Weather Stripping

Plumbing Repairs

Exterior Painting

Porch Repair

Storm Windows

Roof Replacement

Insulation

Health & Safety Repairs

Steps & Railings

Heating Systems

Storm Doors

Foundation Repair

Sidewalks

Replacement of Siding

Walls/Ceilings

Target Area



How to Apply:

To apply for the Division Street Housing Rehabilitation program, the owner must fill out the application on the following pages. Please use the Owner Occupied Application Form if you live in the building, and use the Rental Property Application Form if you do not live in the building. In addition, the owner must provide the information indicated below.

- _____ Deed or Land Contract (Must Be Filed with County Clerk)
- _____ Homeowner's Insurance Certificate and Proof of Payment
- _____ Receipts of Tax Bills and Proof of Payment
- _____ Documentation of Income Including Any of the Following:
Tax Return, Pension Award Letter, W-2, Social Security Release, Support Agreement, Etc, for Homeowner and Tenants
- _____ Tenant Income and Rent Certification (If Applicable)

For Further Information

For further information about the Division Street Housing Rehabilitation Program, contact the Urban Renewal Agency at the following address and phone number:

Amsterdam Urban Renewal Agency
City Hall
Church Street
Amsterdam, New York 12010

Telephone: 843-5190
Fax: 841-4381
Email: amst.ura@gmail.com

**AMSTERDAM URBAN RENEWAL AGENCY
HOUSING REHABILITATION PROGRAM
APPLICATION FORM - OWNER OCCUPIED HOME**

Applicant Name:

Co-Applicant Name:

Address:

Phone Number:

Family Size:

Applicant Place of Employment:

Co-Applicant Employment:

Number of Dwelling Units In Home, Including Owner's Unit:

Source of Income <small>Income of all persons residing in the unit must be included.</small>	Applicant	Co-Applicant	Other Family Member
Annual Salary:	\$	\$	\$
Pension or Annuities:	\$	\$	\$
Social Security:	\$	\$	\$
Real Estate:	\$	\$	\$
Interest & Dividends:	\$	\$	\$
Other (Specify):	\$	\$	\$
Total Yearly Income:	\$	\$	\$
Total Household Income:	\$		

Type of Assets	Cash Value of Assets	Imputed Income From Assets
	\$	\$
	\$	\$
	\$	\$
Total Imputed Income From Assets		\$
Combined Household and Imputed Income		\$

Work Desired by Property Owner:

Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or Local Law ? ~ Yes ~ No If Yes, Provide Details:

Do You Have Any Open Judgements or Liens Against Your Property, Other Than Your Home Mortgage ? ~ Yes ~ No If Yes, Provide Details:

Race (indicate for owner and tenant, if any)

- ~ White ~ Black ~ Asian or Pacific Islander
~ American Indian or Alaskan Native ~ Hispanic

APPLICATION FOR OWNER OCCUPIED PROPERTY - PAGE 2

I/We certify that all information and documentation in this application, for assistance under the Amsterdam Housing Rehabilitation program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

The applicant grants the Agency the right to independently verify any or all of the information supplied herein, and understands that the Agency may refuse to approve the application or may revoke any loan commitment made if there is any material misrepresentation in the application, including the attachments hereto.

I/We further understand that the Agency will not be held liable to fund any costs incurred for the proposed improvements prior to the approval of this application. I/We agree to abide by all regulations of the City of Amsterdam Urban Renewal Agency Housing Rehabilitation Program. I/We further agree that the Agency may verify credit history of the applicant.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

THIS SECTION TO BE FILLED OUT BY AGENCY ONLY:

Applicant Qualifies Low/Mod Income ~ Yes ~ No

Documentation Has Been Provided As Follows: (Check Off)

~ Deed or Land Contract ~ Proof of Homeowner Insurance

~ Proof of Paid Taxes ~ Income Tax Return or Other Income Verification

Application Reviewed by Agency Official:

Signature: _____ Date: _____

Comments:

**AMSTERDAM URBAN RENEWAL AGENCY
HOUSING REHABILITATION PROGRAM
APPLICATION FORM FOR RENTAL PROPERTY**

Applicant Name:

Co-Applicant Name:

Address of Owner:

Phone Number:

Fax Number:

Address of Property to be Rehabilitated:

Number of Dwelling Units In Property To Be Rehabilitated:

Apt #	1	2	3	4
Tenant Name				
Monthly Rent:	\$	\$	\$	\$
Tenant Family Size				
Tenant Annual Income:	\$	\$	\$	\$
Tenant Is Low Income (Y or N):				

Apt #	5	6	7	8
Tenant Name				
Monthly Rent:	\$	\$	\$	\$
Tenant Family Size				
Tenant Annual Income:	\$	\$	\$	\$
Tenant Is Low Income (Y or N):				

Work Desired by Property Owner:

Are You Under Indictment or Currently Serving a Sentence For Any Criminal Act under State, Federal, Or Local Law ? ~ Yes ~ No If Yes, Provide Details:

Do You Have Any Open Judgements or Liens Against Your Property, Other Than Your Home Mortgage ? ~ Yes ~ No If Yes, Provide Details:

APPLICATION FOR RENTAL PROPERTY - PAGE 2

Race (indicate for owner and tenant, if any)

~ White ~ Black ~ Asian or Pacific Islander
~ American Indian or Alaskan Native ~ Hispanic

I/We certify that all information and documentation in this application, for assistance under the Amsterdam Housing Rehabilitation program is true and complete to the best of my/our knowledge and belief. I/We further certify that I/We own the property described in this application, and that all funds will be used only for the work and materials as set forth in the attached work description. If the Agency determines that the funds will not or cannot be used for the purposes described herein, I/We agree that the funds shall be returned and acknowledge that, with respect to such funds so returned, I/We shall have no further interest, right or claim.

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Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Note: U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

THIS SECTION TO BE FILLED OUT BY AGENCY ONLY:

Property Qualifies Low/Mod Income ~ Yes ~ No

Documentation Has Been Provided As Follows: (Check Off)

~ Deed or Land Contract ~ Proof of Homeowner Insurance
~ Proof of Paid Taxes ~ Tenant Income Certifications

Application Reviewed by Agency Official:

Signature: _____ Date: _____

Comments:

**AMSTERDAM URBAN RENEWAL AGENCY
TENANT CERTIFICATION**

Tenant Name:	
Tenant Address:	
Unit Number or Location:	Number of Persons in Family: _____
Is Unit <input type="checkbox"/> Occupied or <input type="checkbox"/> Vacant ?	
Number of Bedrooms in Unit:	
Is the Head of Household Elderly ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Head of Household Handicapped ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Head of Household a Female ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Rent per Month:	\$ _____
Does the Rent Include Utilities ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Income per Year	\$ _____
Indicate Ethnic Information (optional)	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Indicate Racial Information (optional)	<input type="checkbox"/> White <input type="checkbox"/> Black
	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan
I hereby certify that the above information stated above is true and correct.	
_____	_____
Tenant Signature	Date
To be Filled Out One Year After Rehabilitation is Completed.	
Tenant Name:	Number of Persons in Household: _____
Amount of Rent (Monthly): \$ _____	Household Income: \$ _____
I hereby certify that the above information stated above is true and correct.	
_____	_____
Tenant Signature	Date
To be Filled Out Two Years After Rehabilitation is Completed.	
Tenant Name:	Number of Persons in Household: _____
Amount of Rent (Monthly): \$ _____	Household Income: \$ _____
I hereby certify that the above information stated above is true and correct.	
_____	_____
Tenant Signature	Date